

Plans Review Questionnaire

(RFPRQ 8/2002)
(revised 10/06)

Date of Submission: _____

1. Name of establishment:

Phone #: (____) _____
2. Physical address of establishment:

3. Mailing address if different from physical address:

4. Owner of business:

5. Name of corporation, partnership, LLC, or LLP (if applicable):

6. If a partnership, list partner names:

7. Phone numbers of business owner: Home: (____) _____
Cell phone: (____) _____
Beeper: (____) _____
8. Owner of the real property (land and building):

Phone #: (____) _____
9. Has the facility, for which this application is hereby made, been previously permitted by the State Health Department? _____YES _____NO
10. If you answered yes to the previous question, what was the name of the previous business?

11. Will the occupancy classification (*i.e.*, bar, restaurant, grocery) of the business you are applying for remain exactly the same as the previous business? _____YES _____NO
12. Has the real property (building or land) ownership in which or upon which your proposed business is to operate changed since the last business owner originally received a health permit? _____YES_____NO

13. Name of responsible agent if different from business owner:

Phone #: () _____

Address: _____

14. Type of business:

- | | |
|---|--|
| <input type="checkbox"/> restaurant | <input type="checkbox"/> seafood market |
| <input type="checkbox"/> restaurant/bar | <input type="checkbox"/> meat market |
| <input type="checkbox"/> bar | <input type="checkbox"/> bakery |
| <input type="checkbox"/> grocery- prepackaged food only | <input type="checkbox"/> confectionary |
| <input type="checkbox"/> grocery – limited food preparation | <input type="checkbox"/> hospital/clinic kitchen |
| <input type="checkbox"/> grocery – deli (kitchen) | <input type="checkbox"/> day care/with food preparation – # licensed for _____ |
| <input type="checkbox"/> mobile unit – prepackaged food only | <input type="checkbox"/> day care/no food preparation – # licensed for _____ |
| <input type="checkbox"/> mobile unit – food preparation | |
| <input type="checkbox"/> nursing home | |
| <input type="checkbox"/> group home – number of residents _____ | |
| <input type="checkbox"/> other – be specific _____ | |

15. Type of submission:

- ☐ change of existing business ownership only
- ☐ conversion of non-food establishment to food establishment
- ☐ new construction of retail food establishment
- ☐ renovation/remodel of existing retail food business (see below for definition of substantial renovation)
- ☐ reopening of previously closed food establishment. How long was it closed?

- ☐ change of existing retail food business and real property ownership
- ☐ other – be specific _____

16. If increasing the square footage of the business or the usable area, state the:

Existing footage _____

Proposed square footage change + _____

Total _____

17. Total square footage of the business: _____ Square footage of the usable (minus kitchen, toilets, halls, heating, ventilation, air conditioning) space: _____

Note: **Do not** subtract space for shelving, tables, or any equipment that is not permanently attached.

18. Plumbing:	LADIES	MEN
	_____ # toilets	_____ # toilets _____ # urinals
	_____ # hand wash sinks	_____ # hand wash sinks

Self closing doors (when required): yes___ no___

Water Closet: open front seat: yes___ no___

Mechanically vented to outside atmosphere: yes___ no___

Public access: yes___ no___

Floor drains: yes___ no___

Water Fountains: number provided _____ not applicable___

Garbage grinder: yes___ no___

Indirect connections to sewage system from sinks, etc.: yes___ no___

19. Does this establishment now hold or will apply for an alcohol license? () yes () no

20. Does this establishment now or in the future plan to wholesale food products? () yes () no
If yes, you must contact the Food and Drug Office at (225) 342-7533.
If wholesale product is seafood contact the Seafood Office at (225)342-7617.
21. Is this establishment connected to a public water system?
() yes/name _____
() no, submit water well plans.
22. Is this establishment connected to a public sewer system?
() yes/name _____
() no, submit sewage system plans.
Grease trap size: _____
23. What is the method of garbage/waste disposal?

24. If a dumpster pad is required, will hot and cold water be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area? ()yes ()no
25. A menu or listing of foods to be served and the hours of operations must be submitted along with this questionnaire and a floor plan.
26. Certain Restaurant/kitchen type operators must obtain a state food safety certificate within 60 days of permitting. Has an approved food safety class been scheduled? () yes () no

I hereby certify that I have received the handouts titled "How To Open A Food Establishment" and "Pre-Inspection Info for New Owners".

Date: _____
Signature of person preparing this form

Printed name of person preparing this form

It is recommended that you obtain a copy of Title 51, Public Health Sanitary Code, Part XXIII from the web at www.dhh.louisiana.gov/offices/?ID=206

Definition of substantial renovation:

- a. Alterations or repairs made within a twelve month period, costing in excess of 50 percent of the then physical value of the existing building, or
- b. Alterations or repairs made within a twelve month period, costing in excess of \$15,000 or
- c. Alterations or repairs made within a twelve month period, involving a change in "occupancy classification" or use of the property.
- d. The physical value of the building in (a) of this section may be established by an appraisal not more than three years old, provided that said appraisal was performed by a certified appraiser or by the tax assessor in the parish where the building is located.
- e. The cost of alterations or repairs in (a) or (b) of this section may be established by:

- i. an estimate signed by a licensed architect or a licensed general contractor, or
- ii. by copies of receipts for the actual costs.

2. HAS THE FACILITY FOR WHICH APPLICATION IS HEREBY BEING MADE PREVIOUSLY BEEN PERMITTED BY O.P.H.? ____ YES ____ NO
(IF 'YES' GO TO QUESTION 2 AND 3. IF 'NO' , STOP HERE)

3. WILL THE OCCUPANCY CLASSIFICATION OF THE BUSINESS YOU ARE APPLYING FOR REMAIN EXACTLY THE SAME AS THE PREVIOUS BUSINESS? ____ YES ____ NO

4. HAS THE REAL PROPERTY (BUILDING OR LAND) OWNERSHIP IN WHICH OR UPON WHICH YOUR PROPOSED BUSINESS IS TO OPERATE CHANGED SINCE THE LAST _____ BUSINESS OWNER ORIGINALLY RECEIVED A HEALTH PERMIT? _____ YES _____ NO

ACTION KEY:

ANSWERING "NO" TO QUESTION 2 **SHALL** REQUIRE THE OPERATOR TO UPGRADE THE NUMBER OF RESTROOM PLUMBING FIXTURES (EXCEPT FLOOR DRAINS) TO CURRENT CODE BEFORE A HEALTH PERMIT IS ISSUED.

ANSWERING "NO" TO QUESTION 3 **MAY** REQUIRE THE OPERATOR TO UPGRADE THE NUMBER OF RESTROOM PLUMBING FIXTURES TO CURRENT CODE, DEPENDING UPON THE NUMBER OF FIXTURES CURRENTLY PROVIDED AND THE TYPE OF CHANGE MADE, BEFORE A HEALTH PERMIT IS ISSUED.

ANSWERING "YES" TO QUESTION 4 **MAY** REQUIRE THE NEW OPERATOR TO UPGRADE THE NUMBER OF RESTROOM PLUMBING FIXTURES TO CURRENT CODE BEFORE A HEALTH PERMIT IS ISSUED.

NOTE: REGARDLESS OF ANY ANSWER TO THE ABOVE, THE NEW OPERATOR **SHALL** BE REQUIRED TO UPGRADE THE NON-RESTROOM PLUMBING FIXTURES (*e.g.*, KITCHEN SINKS, HANDWASH LAVATORIES, ETC.) UP TO CURRENT CODE AT THE TIME OF OPERATOR CHANGES AND AT OTHER TIMES IF THERE IS A SIGNIFICANT PUBLIC HEALTH PROBLEM.